

BUSINESS ENTITY ENDORSEMENT APPOINTMENT

411-8A (Rev. 12/2003)

DEPARTMENT OF INSURANCE

P.O. Box 1139

Sacramento, CA 95812-1139

Pursuant to Sections 1627 and 1661 of the Insurance Code

License Number of Business Entity:

Please **PRINT** or **TYPE**:

Business Entity Name:
Mailing Address:
City, State, Zip:

TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE BUSINESS ENTITY HEREBY APPOINTS THE PERSON(S) NAMED TO EXERCISE THE AGENCY OR BROKERAGE POWERS OF THE BUSINESS ENTITY.

NOTE: Enter only ONE appointment type per line.

*Two-letter appointment types: **FX** – FIRE AND CASUALTY BROKER-AGENT

LA – LIFE AND DISABILITY ANALYST

LX – LIFE AGENT

CS – CARGO SHIPPER'S AGENT

MC -- MOTOR CLUB

LI – LIFE AGENT LIMITED TO PRE-NEED

CI – CREDIT INSURANCE

PL – PERSONAL LINES

	Appt Type	Social Security Number	Name (as shown on license)	Effective Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE: (An Officer or partner must sign.)

X	Date:
Title:	Phone Number: ()

FILING FEE: Submit \$24 per appointment type. Enter number of appointments

<input type="checkbox"/>	X \$24	<input type="checkbox"/>
<input type="checkbox"/>	X \$36	<input type="checkbox"/>

For CREDIT INSURANCE Applicants ONLY: Submit \$36 per appointment

1. If you are submitting only an endorsement: **Mail Endorsement Form and Fee to:** California Department of Insurance
P.O. BOX 957
Sacramento, CA 95812-0957

OR

2. If Endorsement is being submitted with original application

Mail Endorsement Form with Application fee to:

California Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139

Receipt Code: 0106